

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/763415

FILING DATE

APPLICANT(S)

06/29 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1				1		51												
2		1					52												
3		2					53												
4		1					54												
5		1					55												
6	1		1		1		56												
7		1					57												
8		2					58												
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45							95												
46							96												
47							97												
48							98												
49							99												
50							100												
TOTAL			2		2		TOTAL												
IND.							IND.												
DEP.			10		9		DEP.												
TOTAL			12		11		TOTAL												
CLAIMS							CLAIMS												